

EDITORIAL

In the Editorial (1954), we commented on the "Joint Statement on the Present Status of Venereal Disease Control and Future Needs" issued in the U.S.A. by the Association of State and Territorial Health Officers, the American Venereal Disease Association, and the American Social Hygiene Association (1954). These three national organizations have recently released their fourth annual Joint Statement which is based on the results of a survey conducted by questionnaire in 48 states, three territories, and 94 of the 109 cities in the U.S.A. with populations of 100,000 or over; reports from 145 health departments were available for study. This survey showed that venereal disease was rising in nineteen states, that health officers in 35 states and 32 cities considered that control programmes were inadequate, and that in eleven states and eighteen cities venereal disease amongst teenagers was increasing. Statistics given by the United States Public Health Service show that, for the first time since 1948, the total of reported cases of syphilis increased in the fiscal year 1956. The overall increase (4,144 cases) is not considered large, but all stages of syphilis, except early latent, shared in it. The increase in primary and secondary cases, which are regarded as sensitive indicators of an increased rate of attack, causes particular concern. The survey revealed that shortage of funds, trained personnel, and facilities for diagnosis and treatment constituted the basic weakness in the nation's attack on venereal disease. It is estimated that, in 1947, funds available for the control of venereal disease probably totalled \$35,000,000, including about \$17,000,000 from the Federal Government; for 1957, the Federal grant is \$4,100,000. The three national organizations recommend, on the basis of their survey, a minimum Federal appropriation of \$5,000,000 for 1958.

The reported increase in venereal disease is not confined to a few states or cities and the deterioration in the position, and consequent concern, is general. Emphasis is placed on the importance in the spread of infection of special groups, *e.g.* military personnel, itinerants, and seasonal migrant labour forces. The teenager is stated to be an increasingly important factor in the spread of venereal disease, and it is urged that support should be made available for studies leading to a better understanding of this problem and the removal or amelioration of its causes. Continuous serological screening "in all situations that offer an opportunity to protect health" is again urged, and intensive research is recommended to develop more practical diagnostic tests for gonorrhoea in the female, in view of the estimate that annual infections with gonorrhoea total one million.

It is now clear that the belief formerly held in the U.S.A., that penicillin was the panacea for the venereal disease problem, is dead. The results of the premature disbanding of the preventive forces in the campaign against venereal disease have once again become evident. The ubiquity of venereal disease and its refusal to respect state and national boundaries are slowly gaining more general recognition. Härö and Pätälä (p. 70) reach similar conclusions from their careful epidemiological study of gonorrhoea in Finland, and their plea "by helping yourself you will help others" deserves widespread support. To be effective, control measures against venereal disease must be applied generally and persistently at all administrative levels, including the international, and gains must be continuously consolidated.

REFERENCES

- Editorial (1954). *British Journal of Venereal Diseases*, 30, 183.
Joint Statement (1954). *Amer. J. Syph.*, 38, 163.